



A Great Hometown... Let Us Show You!

# VOLUNTEER

BE A PART OF IT!

Volunteer Wellington is a program that utilizes volunteers to enhance community engagement and the delivery of services to residents. Volunteers will receive personal satisfaction and an increased understanding of city government. As a Wellington volunteer, you will feel needed and challenged, gain valuable work experience, utilize your talents, make new friends, and learn about your community! Opportunities are available throughout the year via special events. We need your help!

If you have any questions regarding the volunteer opportunities available please contact Meridith Tuckwood at (561) 753-2476 or [mtuckwood@wellingtonfl.gov](mailto:mtuckwood@wellingtonfl.gov)

## Volunteer Information

Last name:		First name:		MI:
Address:			Apt:	
City:	State:		Zip:	
Home Phone #:		Cell Phone #:		
Email Address:				
Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Home # <input type="checkbox"/> Cell#				
Date of Birth (MM/DD/YYYY):				
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## Youth Volunteers (Under 18)

Parent/Guardian Name (please print):	
Parent Phone:	Parent Email:

## Emergency Contact Information:

Name:	Relationship:	Phone:
Address:		
Email Address:		

# WELLINGTON VOLUNTEER

## Authorization to Conduct Background Screening & Release of Liability and Volunteer Acknowledgement

Have you ever been convicted of a crime either as a juvenile or as an adult *(including misdemeanors)*?

Yes ☐ No ☐

If **YES**, please describe in full a summary of the offense(s). (If necessary please attach additional paper.)

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I, \_\_\_\_\_, authorize any and all inquiries as to my character, reputation and ability and release those supplying information from all liability. Such inquiries may include a criminal record check, college or high school transcripts and driver's license check. If accepted as a volunteer, I hereby comply with all rules and regulations of Wellington and the department where assigned. I understand that volunteering for Wellington may require the taking of fingerprints and background checks, providing of other identification or certification which may include drug testing as deemed necessary by Wellington.

In consideration of the furtherance of the Village of Wellington purposes, objectives and work, and in consideration of the Village of Wellington permitting me to participate as a volunteer, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages I may have against the Village of Wellington as well as any other person connected with the Village of Wellington, their heirs, executors, administrators and assigns for any and all injuries I may suffer while performing volunteer services for the Village of Wellington or as a result thereof.

\_\_\_\_\_  
Volunteer Applicant Signature (Signature of Parent/Guardian, if under 18)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Thank you for completing the volunteer application. Completed applications can be sent via:**

 Drop Off In Person or  Mail to:

1092 Wellington Trace, Wellington, FL 33414

 E-Mail to:

Mtuckwood@wellingtonfl.gov